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A PRACTICAL STUDY OF THE BLOOD AND THE CIRCULATION, WITH A HISTORICAL REVIEW OF THE SUBJECT AND ITS BRIEF CONSIDERATION FROM THE STANDPOINT OF ITS CHEMICAL COMPOSITION, ANATOMICAL STRUCTURE, AND PHYSIOLOGY; INCLUDING CLINICAL STUDIES, AND EXPERIMENTAL RESEARCH ON THE LOWER ANIMAL.

BY THOMAS H. MANLEY, M. D.,
NEW YORK.

Continued from last number.

PART XV.

THE CONTENTS OF THE BLOOD-VESSELS AND THEIR MOVEMENTS.

During the past twenty years the study of the corpuscular elements of the circulation has engaged the attention of many investigators, particularly in France, Germany and England.

We have theories almost without end on their origin and mode of development, but the precise functions which they subserve are not yet well known, nor have we a definite classification or division of the blood corpuscles. My own studies and research lead me to the conclusion that the morphology of the blood is even now on anything but a sound basis.

A gain was made when the amoebic properties of the leucocytes were discovered, but later critical studies

prove that there are at least four or five different varieties of them.

To Hayem is given the credit of discovering the third corpuscle, or "hematoblast." But there can be little doubt but later observations will demonstrate that there are many other corpuscles presenting distinctive characters not yet isolated, and some of which are not yet discovered.

It is certainly true that there are many bodies seen with distinctiveness, and in considerable numbers, in the moving circulation, which vanish or are seen imperfectly, if at all, in blood withdrawn from the body. Other corpuscles there are of various dimensions that present themselves only as spectres, their ghostly shadows fading out of sight almost instantaneously after we have localized them.

Many have concerned themselves with the problem as to whether or not the blood is a tissue, or whether the corpuscles are cells, and, if such, whether they are capable of renewing themselves by nuclear proliferation. But we are unable to see any nucleus in the colored corpuscle of most of the mammalia. This fact, however, does not prove that it does not exist. When appropriate reagents are forthcoming, for which this element of the protoplasm has an affinity, it will probably appear, for there is no reasonable explanation for its absence in man.

The blood is spoken of as a fluid,

which it is, physically, while in the vessels; yet, strictly speaking, it is not any more than a metal is a fluid when reduced by heat, for it contains many solids which constitute a large part of its bulk. Blood is life in more respects than one.

To suppose that it merely serves as a vehicle for the conveyance of nutritious elements to the tissues and residuary products to the emunctories, to be thrown off, is altogether too simple a view to take of the subject. There can be little question but its purposes are more complex and varied, that it is the centre and soul of our very existence, intimately associated with many phenomena now presumed to be dependent on other sources.

As Hunter and others well described it, it is, indeed, the "vital fluid" that animates and preserves all.

Its study is yet one of a most fascinating interest, however we may view it.

My purpose at present will be to consider it rather from a mechanical standpoint than to deal in detail with debatable features of the subject, or enter at length on the physiological properties of the corpuscles. This was my object when I undertook a series of experiments during the past year; but, as the work advanced, the study of one feature led to the notice of another, and I soon learned that my own early teachings on the subject, in many respects, had been deficient and faulty, and that to one who had the leisure and training the study of the blood, either from its interest and value to the surgeon or the physician, was a subject of transcendent importance.

It was surely evident that the subject can be pursued on the living animal, in the normal state and under a vast multiplicity of conditions. As a matter of fact, except from a bacteriological standpoint, certain features of the blood corpuscles can only be critically and reliably examined under normal conditions in the living animal.

The blood corpuscle is a vitalized substance of exquisite sensitiveness, and probably every one of them

is individually endowed with special characters, too fine and delicate to be revealed by any means as yet at our command. In the vessels they are influenced by thermal, chemical, electric and vital forces, which are deranged, and they perish the instant they leave them.

The red blood corpuscles are carriers of assimilated materials, changed and unchanged, from one structure or organ to another, and are particularly concerned in the absorption of oxygen in the lungs and carbonic acid in the tissues.

By some rather obscure effect, produced by a magnifying lens and condensed rays of light on the round corpuscles, they appear of a faint yellow instead of red.

They are not of uniform size, although their relative proportion in the plasma remains remarkably uniform in the healthy state. Under high power they are seen to be granular, faintly reticulated and without a limiting investment.

It is unnecessary to say that the living, moving red corpuscle can only be critically examined in the vessel, and when removed and mounted it has undergone such molecular changes as to leave a doubt whether the condition is normal or not.

As a matter of fact, there has been too much generalizing on the elements which we examine in dead tissues, and applying the deductions derived therefrom to living parts.

The red corpuscle is supposed to be a passive body, only moving in response to a current of plasma, in which it floats; but this is entirely an error, for it most certainly possesses many ameboid characteristics, for it is ever changing its form in the capillaries and plasmic current, through which it flows, outside the capillary. In the capillary wall it engages and makes its way out through the stoma by a sort of corkscrew action. And, after it has finally escaped, it can be easily seen to move about in various directions, and later approach the capillary wall from without, and again move on with the circulatory tide.

Diapedesis of the red corpuscles, physiological and pathological, is ren-

dered possible by this property of the red corpuscle; besides, in many situations and under various circumstances in health, the shape of this globule is constantly changing.

(To be continued in the next number, January 4, 1896.)

THE GERM THEORY OF DISEASE A MISCONCEPTION AND VAGARY.

By W. R. Dunham, M. D., Keene, N. H.

The alleged bacterial cause of disease, while small as an object lesson, has attained great proportions in the field of visual research. The late Professor Tyndall, commenting on such relations, states: "Indeed, previous to the discoveries of recent times medicine was not a science but a collection of empirical rules, dependent for their application upon the sagacity of the physician." Yet, notwithstanding what may be said by such distinguished authority, medical science is no less a problem than before such discoveries; in fact, the mind has been led away from first principles into the domain of experimental facts, imperfectly represented in their relation to medical science principles. Thus, to consider the germ doctrine in the light of operative principles, which underlie all facts, it may be of advantage to make use, more or less, of some alleged truths as presented by different authorities, and, later, endeavor to find some basis of interpretation that may help us to understand their relation:

(a)—"It was found that diphtheria was not caused by the germ itself but by specific poison which is produced by the microbe, and with artificial cultures when filtered and freed from germs the culture fluid is just as poisonous as the germs themselves."

(b)—"We find this antitoxine in the fluid portion of the blood, and this serum in small quantities is very powerful."

(c)—"The liquid of the cultures changes from alkali to acid, and from acid back to alkali and when the alkaline fluid is injected into a rabbit

it proves fatal, while the same fluid changed to an acid is harmless."

(d)—"In the cultivation of bacteria in artificial media outside the body it was determined that their virulence became diminished to such extent that they ceased to be fatal on inoculation into susceptible animals but the most important discovery was that the animals inoculated with such enfeebled cultures were protected against the attack of the most virulent cultures of the same micro-organism. The next step was the discovery that the blood of an animal thus artificially protected from a particular disease contained material which can be transferred to other animals and protect them from the same disease."

(e)—"When a tree, or a bundle of wheat or barley straw, is burnt a certain amount of mineral matter remains in the ashes—extremely small in comparison with the bulk of the tree or the straw, but absolutely essential to its growth. In a soil lacking, or exhausted of, the necessary mineral constituents the tree cannot live, the crop cannot grow. Now, contagia are living things, which demand certain elements of life just as inexorable as trees, or wheat, or barley, and it is not difficult to see that a crop of a given parasite may so use up a constituent existing in small quantities in the body, but essential to the growth of the parasite, as to render the body unfit for the production of a second crop. The soil is exhausted, and, until the lost constituent is restored, the body is protected from any further attack of the same disorder. To exhaust the soil, however, a parasite less vigorous and destructive than the really virulent one may suffice; and if, after having, by means of a feebler organization, exhausted the soil without fatal result, the most highly-virulent parasite be introduced into the system, it will prove powerless. Some such explanation of non-recurrent diseases naturally presents itself in the germ theory."

The foregoing alleged facts and theories are accepted, more or less, in support of the doctrine that zymotic diseases are essentially propagated,

direct or indirect, by microbes; yet the question is far from being settled as to the nature of the process that effects the construction of the *materies morbi* of contagion. And I am reminded that the facts for examination exist in the following order:

First appears the specific micro-organism.

Second—Said bacillus excretes a substance called toxin.

Third—Said toxin acts chemically on the albumen of the blood cell, producing tox-albumen.

Thus, to examine the disease and microbe problem within the limit of the mentioned divisions, allow me to draw an imaginary equator between sections first and second, and thus divide this subject into its two legitimate and distinct fields for research.

The first division includes the possibility of special microbe existence—together with human life functions—constituting problems in the field of vital force science; while sections two and three include operations devoid of life force agencies, and in the field of chemical and other alleged force agencies. All science phenomena is presented by some department of active force agency, and the fact should be recognized that medical scientists ignore the function of vital force agency in disease problems. Thus the facts developed and presented by this agency are sought to be explained by the action of chemical and other mysterious agencies. Now such a feat is impossible, although the attempt is still persisted in with as much apparent expectancy as was anticipated many centuries in the past.

It has been found difficult to explain how the microbe acts to develop disease; in the meantime it was discovered that said micro-organisms excrete a toxin, that acts on the same principle that all poisons act, which seems to solve the problem satisfactorily—connecting the cause of disease with the production of disease. As a problem in science, however, the cause of disease does not develop disease; there may be thousands of causes of disease, while disease is developed by the abnormal action of the life force agency. On the life

side of this equator, in the field of biological science, it can be determined that poisons and the causes of disease do not act. The cause of disease is always passive, while the vital force agency does all the acting.

Also it will be a very difficult problem to solve, as alleged, that the microbe can either secrete or excrete a toxin. The microbe is not sufficiently complex in its make-up to exercise such functions.

The toxin is not a secretion or excretion of the microbe, but the dead microbe itself, little, if any, deteriorated by chemical changes. The *materies morbi* is first a pathological product of abnormal vital action and food for microbe development, that may be bottled up by the micro-organisms as a wise provision of nature—being less injurious, and when the microbe life ceases there exists a compound organic body of vital synthesis like all organic creations, possessed of chemical constituents that may enter into chemical changes. And the virulency of said compound depends wholly on the food material of the microbe—see quotation b. It remains an unsettled question whether the first chemical changes with such organic compound develops a virus of worse quality than the pathological product itself—see quotation a. Whatever the fact may be, the microbe does not attack the human system, as represented by reputed authorities—see quotation (b). Neither do chemical compounds, as chemical forces, act on living structures, but may act on such structures after life becomes extinct. Biological science is not taught—but life facts only, thus making void much that is accepted. Notwithstanding, the medical scientist persists that the explanation of non-recurrent disease and the bacillus problem is vested in sections two and three on the chemical force side of the equator; such is not the fact. This problem of micro-organisms and non-recurrent disease is wholly on the life force side of the equatorial line, within the field of vital force functions, a department relegated to future generations for a solution. In the meantime the modern scientist is content in trying

to solve vital force problems by the application of chemical and other force agencies. In brief, the doctrine that causes of disease act, and that material medicines have "active principles," while acceptable as an inheritance from authorities coming down from the dark ages; such is really a serious delusion in expected source of operative principles.

The fundamental and operative principles of medical and biological science exist only in the functions of the four active vital properties of the life force agency—a department of nature's forces not taught in the schools, but outlined by me in the Times and Register of October 12 and 19, 1895.

We must recognize that micro-organisms constitute a world of life coming into existence wherever food material and opportunity favor such development. The waste tissues of a healthy organism favor the development of the health microbe, while pathological vital action with all disease elaborates a different material compound constituting food for the growth of other varieties—called disease microbes. The essential difference between health and disease microbes is implied alone in the food material from which it is constructed. The disease microbe is constructed from pathological virus of vital action, and, while such micro-organisms may bottle up the special virus temporarily, giving it a longer existence, later such microbe may be a carrier rather than a creator of special virus. The health microbe may become a disease microbe, and inversely, in accordance with the quality of the food material from which it is constructed. See quotation (d).

It may be instructive to consider the career of a microbe colony developed in association with scarlet fever or small-pox. Such micro-organisms multiply with great rapidity, but die out as soon as the pathological food supply is cut off by the restoration of physiological function. Scientists say the soil is exhausted, but with recurrent disease the special microbe appears as frequent as such disease. The individual who has recurrent and non-recurrent disease continues

to live on the same food material—the same material soil, while with recurrent disease the soil is not exhausted, but the very opposite with non-recurrent disease. See quotation (e). With such facts it may appear later that some different factor is involved—not implied in exhausting the soil of its elementary constituents. There is to be considered also the distinction between a blood serum virus and a culture fluid virus. The former is a product of pathological vital action—the virus accumulating in the blood faster than it can be eliminated. The latter is similarly produced, which later enters into the construction of micro-organisms, transferred to an artificial medium undergoing dissolution and dilution, and recognized as attenuated virus, without sufficient chemical change to destroy its specific character. Such virus gets its special characteristic disease contagia from a pathological life function, neither the microbe nor chemical action being capable of keeping up the standard of virulency—which is important to consider—in artificial pabulum. See quotation (d). All disease problems, like astronomical problems, as enigmas for solution, are based on certain primary operative fundamental principles, while non-recurrent disease includes all of the same principles, with certain additional characteristics. There is a limit to research in this direction, beyond which the mind cannot penetrate, and such premises exist in the functions of the four active vital properties of life force agency. For the purpose of giving relative value to the quotations in this essay it is necessary to recognize some special operative fact in biological science—of sufficient importance to be called the common denominator of numerous other facts. Thus we must recognize that pathological vital action may produce both primary and secondary causes of disease. Also with certain disease that such product can be produced but once, and in connection with this fact, may be found the explanation of non-recurrent disease. The facts of quotation have a relative value to such common denominator, which supports their existence in the

field of events. Inflamed to a certain degree serous tissues are deprived of the repetition of functions; also with certain glands. And is it not more rational to infer an approximation to such kind of facts? If so, non-recurrent disease is explainable not in the fact that the microbe has consumed all the elements of the soil, but no special virus can be created the second time to feed such microbe, as with recurrent disease. Keep in mind that the cause of disease is always passive, being a presence that causes abnormal sensation; in other words, irritability; to be succeeded by pathological vital action, which is the other name for active disease. And with non-recurrent disease such fact exists, for no other reason than what is implied in that other fact—that pathological vital action can produce such virus but once.

The materies morbi is created originally by a pathological vital act—not by a microbe or chemical action. The special microbe of pure virus construction may be made docile when fed on artificial food, and again made the direct or indirect cause of disease when fed on special virus. Blood serum produced by pathological action with horse tissues has not that degree of virulency as when created within the human organism, and the *modus operandi* of protection against non-recurrent disease when injected into other animals, or the human subject, in repeated small doses, is explainable from several associate principles.

When zymotic disease becomes fatal it is not due alone to the virus of primary contagion, but in the rapid production of a similar virus, from pathological vital action, developed much faster than can be eliminated. Thus when attenuated virus of horse serum is introduced a less severe vital disturbance succeeds—that is, the special virus is created less rapidly, permitting elimination to more nearly keep up with its production. Also the injection of attenuated virus in repeated small doses develops that condition called toleration, modifying the rapidity of virus construction. In the meantime that mysterious change is slowly taking place with the diseased cell tissues—that occurs

but once—which forbids such structures from experiencing a similar pathological disturbance, thus making it practically safe to subsequently bring pure virus in contact with the human organism without awakening that special pathological vital act that represents non-recurrent disease. Another factor is implied, that during such disease the injection of virus deploys vital action, affording relief by diminishing the rapidity of virus construction. Therefore, we repeat that non-recurrent disease is due to this one fact alone; that the human organism—as well as other animal organisms—cannot develop such special virus but once in a lifetime, and the attenuated virus is made the exciting cause of such disturbance slowly and thus more safely developed.

With the inference as expressed by some scientists, that the microbe consumes the soil to such extent that another crop of similar disease microbes cannot survive, as an explanation of non-recurrent disease, is made to support the germ theory, that such disease is a sequence of the microbe—while the opposite is true. The microbe is an adventitious creation, dependent on the manufacture of such virus for its existence. The peculiar fact of non-recurrent disease being due wholly to histological changes from pathological vital action, that cannot repeat itself. Thus it is very inappropriate, misapplied and contradictory to the operative principles of science to attach such importance to the function of the microbe, direct or indirect, as may support the germ theory of disease.

The microbe is a microbe, but not a germ in any sense whatever. The microbe may subsist on various kinds of food produced by health or disease action, and the virus from which the non-recurrent disease microbe is constructed, both before and after the termination of microbe life, may be the cause of such disease in an organism that has not been previously diseased.

Thus, when such virus is bottled up, by virtue of micro-organism construction, it is less injurious. If the scientist must use the word "germ," the microbe should be regarded as a

germ of temporary protection rather than a disease germ, for such micro-organism is a scavenger—a wise provision in aid of self-preservation of the diseased human organism. See quotation (a).

Microbes do not attack the human organism, as alleged, but attack virus and devour it, being without power to do other things. Serum and virus are not powerful—such material is passive. See quotations. The Great Architect of the universe has not instituted a plan of concealed infantry, to attack human beings and destroy their lives!

It is not possible to comprehend disease problems without first recognizing the distinct functions of the operative principles that execute the varied phenomena of the human organism—a department which at present is not under mental cultivation. The mind is handicapped in its application to scientific research, from a previous acceptance of false doctrines, expressed in the language of "active cause of disease" and "active medical principle." The cause of disease and material medicine is passive—passive to the full extent that such word may imply.

There are no "active principles" that operate the living human organism, except vital. The cause of disease, and also material medicine, causes sensations—often called irritability—that, as such, occasion the involuntary life force to become active—active in the development of either health or disease.

The involuntary life forces are brought into activity in response to a sensation that may be produced by the cause of disease, or from medicinal contacts, while the voluntary life forces are made operative in response to the mind.

A practice of medicine, based on the correct theory of the relation of cause and effect, and knowledge of true nature of disease—how it is produced—will enable practitioners to save many thousands of lives annually that are now sacrificed from the acceptance of false doctrines.

The perils of the hour demand a better comprehension of the first principles of medical and biological science—that department which has

been relegated to future generations for a solution; implied in the functions and nature of vital force—the operative agency that develops health and disease.

The first problem to solve consists in demonstrating whether the cause of disease is active, and that material medicine has "active principles." Or, is this ancient doctrine, of more than a thousand years' perpetuation, a delusion, crude and dangerous in its application, while the real active principles of medical and biological science exist in the normal and abnormal functions of the four active vital properties of life force agency? The medical profession are laboring with all commendable zeal, under disadvantages of far greater magnitude than did the ancient astronomers, before it was recognized that the sun was the centre of the solar system, and that planetary orbits were elliptiform, in whose paths each planet moved at a different rate of speed, in different parts of its orbit. The development of medical and biological science requires the application of finer thought, in place of more nicely-conducted experiments.

If the medical profession of this generation wish to escape passing into history with a record of being more interested in the perpetuation of the loose, crude and obscure dogmas of early antiquity than in a better development of a life-saving science, they must call a halt in the teaching of false doctrines, and give attention to verifying or repudiating the allegation that vital force agency constitutes the only operative active principles that present health and disease.

The situation cannot be stated better than by the retiring president of the American Association for the Advancement of Science, Professor Daniel G. Brinton, of the University of Pennsylvania, August 29, 1895: "Ignorant of his past, ignorant of his real needs, ignorant of himself, man has blundered and stumbled up the thorny path of progress for tens of thousands of years. Mighty States, millions of individuals have been hurled to destruction in the perilous ascent, mistaking the way, pursuing false paths, following blind guides."

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PHILADELPHIA, DECEMBER 28, 1895.

THE EDITOR AND THE READER.

As we approach the close of the year it is customary for most journals to take its subscribers into their confidence and set forth what they hope to accomplish during the coming year. The editor usually makes the stereotyped promise of larger reading space, a larger installment of fresh materials, with renewed energy, and, in a word, more for less compensation.

To our faithful, old patrons we have no new pledges to make, as they well know, and are ready to acknowl-

edge, that for the small price of the "Times and Register" we have honestly endeavored to have each and every one feel assured that the full value of his outlay was realized. Defects, we admit; the typographical work and proof-reading have been, in some instances, not what we desire, but now, that the first of the year is at hand, new arrangements will be made to obviate those blemishes, and it is promised that they will occur less often in the future. Our aim will be to keep our readers supplied with all the latest and the best in the science of the healing art, besides endeavoring to supply such miscellaneous items of medical news as will interest practitioners. Arrangements have been made with Dr. Thomas H. Manley to continue his serial essay on the "blood," in which will be set forth the latest known knowledge on this important subject, as relates to its morphology, physiology and pathology. Such a work has not been written in English since the time of John Hunter, and now that science has placed in the hands of the investigator instruments of accuracy and precision, and advances in all the sciences have been great, we may be assured that this feature alone will much more than repay the reader for his outlay for the journal. Dr. Manley comes to his work with a broad theoretical and technical knowledge, seasoned and leavened by more than twenty years' hospital and general practice; so that this feature will be something more than a rehash of others' work, or the mere rickety translation of some young bud, who is full to overflowing with science, but knows nothing of practice. On the part of our readers, we will always hold our pages open for such contributions as they wish to make, provided only that they come to us exclusively; besides, we would appreciate it as a favor if, at any time, there are grounds for complaints, they are sent to us. We intend during the coming year to place on the tables of our subscribers a medical journal unexcelled by any other, and only expect that they and others of the profession will sustain us in our undertaking.

Foreign Exchanges.

BY DRs. CHANDLER AND DAVIDOW.

ANTISPASMIN—A NEW REMEDY AGAINST WHOOPING COUGH.

(Archiv. f. Kinderheila, xviii, p. 38.)

Antispasmodin (Merks) consist of one molecule narceine sodium and three molecules of salicylate of soda. It is easily soluble in water, while the usual narceine preparations are sparingly, and the result mostly not pure.

Demue first experimented with antispasmin as a hypnotic and sedative. Author, in a period of one year and a half, treated 200 whooping-cough cases of various ages, also adults. In each case author obtained good results by diminishing the intensity and number of attacks, as well as shortening the period of duration.

Even in small children, and after prolonged use, there is no ill effect on the stomach or intestines or any cumulative narcotic effect.

The antispasmin was prepared partly in 5 and partly in 10 per cent. solution of ag. amygd. amas dilut., more often in a tablespoonful sugar water; rarer to disguise the bitter taste in milk or cocoa. From the five per cent. solution children received: Below one-half year, 3-4 times daily, 3-5 grs. per dose; below one-half year, 3-4 times daily, 5-8 grs. per dose; below one year 3-4 times daily, 8-10 grs. per dose; below two years, 3-4 times daily, 10-12 grs. per dose; below three years, 3-4 times daily, 15-20 grs. per dose. Children over three years old received from the ten per cent solution, three times a day, ten drops; if improvement was not soon noticed, it was given four times a day, from 10 to 15 drops, and to older children and grown-up, from 20 to 25 drops.

As the solution becomes easily decomposed it should be put up in blue bottles, well stoppered.

MENTHOL AGAINST CATARRH AND INFLUENZA.

De Reinold Wunsche (Dresden).

(Therap. Monatschr, No. 9, '95.)

Author recommends 0.5-1.0 menthol in 10.0 chloroform against catarrh, and not only does it act abortive in the first stage, but acts good against infection from influenza.

From four to six drops are placed in a small plate; this quantity is quickly rubbed on the hands and tightly placing one on the other, is put on the mouth and nose, the vapor of which is inhaled by deep inspirations. By this method it is at once felt that the vapor molecules of the medicine touch not only the mucous membrane of the nose, mouth and throat, but reach the air vessels. By the first two or three inspirations the sweet chloroform odor predominates, but right after the menthol, which is inhaled in small particles, and the patient after some time, from the taste and odor feels the lasting effect of the menthol.

The most violent sneezing is lost by inhalation of this vapor; in fact, it ceases after the first operation.

Author advises four to six times during the day to absorb the on coming coryza. At first there is a slight increase in the nasal discharge, which soon stops. Pharyngeal and laryngeal pains can be quickly eased if not entirely relieved by this method.

TREATMENT OF PNEUMONIA WITH DIGITALIS.

H. Naegli-Akerblom (Cbl. f. innere Med., 1895, No. 32.)

Author, from his experience in the Baseler Poliklinik, following the initiation of Petresco, recommends large doses of digitalis in croupous pneumonia. Of the infusion, single doses of one grain, daily, from four to five grains, is accompanied with no evil results. The author thinks this drug to be the most important therapeutic agent in croupous pneumonia. In large doses it acts abortive on the disease, acts well on the heart, lungs and blood. In the latter it is especially active in increasing the leucocytes, namely: the polynuclear. In accordance with the researches of

Professor v. Jocksch (Cbl., 1892, p. 431) hyperleucocytosis in croupous pneumonia, warrants a favorable prognosis.

With the digitalis, it is advisable to combine cold water, which likewise acts in increasing the leucocytes.

A NEW METHOD TO TREAT EN-DOMETRITIS.

v. Winkel. *Munchener Med. Wochenschr.*, '94, No. 31.

The classification of endometritis etiologically, is according to the author impractical. It should be anatomically. The exact diagnosis should be made by the round Schultze's probe tampon, and the microscopical examination of the scraped portion; eventually by replacing the uterine inflexion after former dilatation. The treatment consists of washing out with disinfectants and astringent liquids, injections of liquor ferri sesquichlor, with Bracen's syringe, application of medicated styptics, caustics or cautery in persistent cases, or mucous abrasions; in the latter the author operates under anasthesia fixation and dilatation of uterus, and after operation washes with cotton, moistened with liquor ferri sesquichlor.

PATHOLOGICAL ANATOMY OF ERGOTISM.

N. Winogradow, *Wratch*, 21, 22, 23, 1895.

From the later part of 1889 to autumn, 1890, in the State of Wjatka, 2749 people became afflicted with ergotism poisoning; 535 cases of which proved fatal. The convulsions were observed in all cases; no incident of gangrene was noticed. In seven cases the liver, spleen and kidneys were examined microscopically. The spleen showed the following changes: The connective tissue framework strongly marked, the pulp hyperemic, the Malpighian bodies distinctly marked, a few greatly enlarged and hyperplastic, others appear in the centre as a uniform lay-

er with no nuclei. The arterial walls, particularly the central vessels of the Malpighian bodies, are thickened glossy and show hyaline degeneration. The liver is hyperemic, the liver cells atrophied, the nucleus either lost or the staining unsatisfactory; the arterial wall had the same changes as in the spleen, the lumen at times entirely obliterated, results of coagulation, necrosis of the liver cells. In the kidneys the changes prevail in the cortex substance, hyperemia of the glomeruli, formation of a uniform mass in Bowman's capsule, with consecutive compression and changes of the glomeruli, glossy looking changes in the blood vessels with coagulation necrosis of the epithelium of the urinary tubules.

In acute catarrh Messiere recommends the following powder:

R Bismuthi subnit. 5.0
Camphor brital. 0.5
Acid boric pulv. 2.0
Morphii hydrochl. 0.03
Cocaini hydrochl. 0.02
Pulv. benzoës. 1.0

0.1 menthol may be substituted for the cocaini.

In chronic tonsillar hypertrophy the same author recommends the local application of the following:

R Iodi puri
Potass. iodid. aa2.0
Glycerini
Aqua distilat. aa10.0

Sig. Apply once in five or six days.

At the last meeting of the Paris Academy, Professor Nencki (St. Petersburg), was elected corresponding member.

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A. D. D.

Dr. E. C. Mann, the eminent author on medical jurisprudence, of New York city, has received advice of his appointment as honorary member of the Imperial University of Kharkiff, Russia, and associate member of the Societe Medico Psychologique, Paris.

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List of Contributors of Foreign Articles.

Ashhurst, John, Jr., Trephining the Cranium	62	Kummer, E., Radical Cure of Abdominal Hernia.....	406, 426
Barr, M. W., Influence of Heredity on Idocy	181	Lee, Elmer, Treatment of Asiatic Cholera	121
Bing, E. W., Tannigen, etc.	225	Lewis, Louis, Turkish Bath.....	248
Blech, G., Medicinal Treatment of Typhoid Fever	263	Manley, Thos. H., Clinical Notes on a Recent Series of Surgical Cases	1, 21
Boudeau, F. A. A., Clinical Reports on Trional	463	Practical Study of the Blood and the Circulation, With a Historical Review of the Subject, etc., 221, 246, 266, 287, 305, 324, 345, 364, 382, 405, 421, 447, 461, 486, 501	
Carey, Chas., Croupous Pneumonia..	144	Mann, E. C., New and Important Plan of Treatment for Narcotic Habitués.....	41
Chenery, E., Some Clinical Notes....	166	Some Points Relating to the Medical Jurisprudence of Insanity	241
Claus, Dr., Trional in Neurasthenic Insomnia	81	Martin, Christopher, When and How to Curette the Uterus.....	161
Doland, J., Clinical Study of Three Cases of Spontaneous Hemophilia in Brothers	201	Mays, Thomas J., Local Application of Cold in Acute Pneumonia.....	441
Danois, Dr., Internal Antiseptic Medication	425, 445	Millard, P. H., Efficient Legislation Regulating Medical Practice....	5, 25
Dudley, A. P., Immediate Repair of Uterine Injury, etc.	29	Neilson, Thos. R., Case of Osteolipo Chondrona, Resection, Exhibition of the Patient.....	61
Dulles, C. W., Fractures of the Skull.	141	Pratt, E. B., Therapeutics.....	125
Dunham, W. R., Operative Principles of Medical and Biological Science	281, 301	Seiler, Carl, Novel Method for Major Operations Within the Nasal Cavities	381
The Germ Theory of Disease, a Misconception, etc.....	503	Waugh, W. F., Losophan.....	28
Eldridge, C. S., Phenacetine	205	Weagly, T. H., Rigidity of the Parturient Cervix and Local Anesthesia in Labor.....	261
Fest, F. T. B., Rational Treatment of Pertussis.....	286	Wharton, H. R., Excision of the Elbow-Joint for Fracture of Humerus, etc.....	83
Fox, L. W., Burns of the Cornea, etc.	42	Loose Cartilage in the Knee-Joint	84
Gaston, J. McFadden, Pyemia and Septicemia in Their Surgical Aspects	321, 341	White, J. M., Obstetric, Forceps With Narrowing Adjustable Blades	263
Grusdieff, S. S., Subcutaneous Injections of Aristol in the Treatment of Tuberculosis	401		
Horwitz, Orville, Rupture of the Urethra, With Extensive Extravasation of Urine. Successful Treatment by Perineal Section and Retrograde Catheterization	64		
Johnston, J. A., Diagnosis of Biliary Calculi Confirmed by Exploratory Incision	362		
Keen, W. W., Extensive Thoracoplasty by Schede's Method.....	103		



General Index.

- Abdominal Hysterectomy, Technique, Critique, etc 274
- Abortion, Artificial 198
- Criminal Dying Declarations in Prosecutions for—Pa. Statute 59
- Treatment of 38
- Tubal, and Operation 313
- Viburnum Prunifolium in 437
- Abortionists 139
- Abcess, Stitch, Origin of the 456
- Stitch, Question of 413
- Absorption of certain Medicaments by the Stomach 149
- Accidents, Electrical, First Aid in 90
- Railway, and Mortality 70
- Accouchement Force 18
- Acrobatism, Perils of 159
- A Curious Judicial Affair 189
- After the Faculty Meeting 396
- Akromegalia, etc. 352
- Alcohol and Shellac Drinking, Effects of 298
- Alcoholism, Hypnotic Suggestion for 217
- Alkalinity of the Blood and Infection (Ed.) 48
- Alterations, Analogous, From the Abuse of Coffee or Alcohol 235
- Amick vs. Reeves 360
- Ammonol 418
- Amniotic Sac in Labor, Rules as to Time of Rupturing the 78
- Anemia, Pernicious 235
- Anesthesia 295
- Anesthetics, Waterlogging From 273
- Aneurisms, Thoracic, Rupture of 379
- Aneurysm, Innominate, Double Distal Ligature for 309
- Angina Pectoris, Gouty Arthritis, and Diabetes 187
- Anomaly, A Rare 158
- Antikamnia—Quinine—Solol 101
- Apolysin; a New Antipyretic and Analgesic 450
- Antiseptic, A Dangerous Popular 238
- Antispasmin; A New Remedy Against Whooping Cough 509
- Astringent, Zinc Subgallate on 60
- Guaze 178
- Medication Internal, Dr. Danois 425, 445
- Surgical Dressings, the Meaning of, Percentage as Applied to, (Ed.) 30
- Treatment of the Navel in the Newly-Born 128
- Antitoxin Injections, Immunizing Value of 419
- Typhoid 97
- Aortitis, Chronic 296
- Appendicitis 72, 91
- Clinical Forms of 173
- Faradic Electricity in 451
- Arrowroot in Australia 156
- Arsenic 475
- Ascites, Fetal, a Case of 77
- Aseptic Dressing, Silver-foil a New 419
- Association, American Dermatological 179
- Mississippi Medical, Annual Meeting 225
- Asthma 357
- Ashhurst, John, Jr., Trephining the Cranium 62
- Ataxy, Locomotor, Lightning pains in, etc. 34
- Symptoms of 108
- Aural Surgery, Pilocarpin in 55
- Autoscopy of the Larynx and Trachea 14
- Autopsies in Germany; no Social or Legal Obstruction 420
- Baby, Trouble Ahead for the 437
- Bacteriological Theory of Disease Waning, Is the? (Ed.) 492
- Diseases 474
- Barr, M. W., Influence of Heredity on Idiocy 181
- Betanaphthol-Bismuth 223
- Bicycle in the Development of French Women 129
- From a Surgical Point of View 129
- and Medical Practice 134
- the Use of the 190
- Bicycling for Women 135
- Bing, E. W., Tannigen, etc. 225
- Bladder in a Female, Vast Cica-tricial Formations in the Vault of the 275
- Irritation From Large Doses of Carb. Soda 14
- Supernumerary 238
- Troubles 235
- Bleeh, G., Medicinal Treatment of Typhoid Fever 263
- Blenorrhagia, Role of the Gonococcus in 276
- Blood and the Circulation, a Practical Study of the, With a Historical Review of the Subjects, etc., Thos. H. Mainley, 221, 246, 266, 287, 305, 324, 345, 364, 382, 405, 421, 447, 461, 486, 501
- Bluebottle Flies as Bacillus-Bearers. 58
- Books and Pamphlets Received:
- Annual of the Universal Medical Science, by Charles E. Lajous. 329
- Antiphthisne, by Chas. Denison 211
- A Practical, Low-Priced Device to Secure the Trendelenburg Posture, by W. A. Edwards. 330
- Aseptic Prophylaxis of Asiatic Cholera; Arsenization, by Reginald Barkley Leach 55

Books and Pamphlets Received.

- A Short Study of Epidermic Catarrhal Fever as Found in Children, by W. C. Hollopeter...330
- Biographical Sketch of Dr. Samuel E. Milliken.....330
- Brain Resistance to Uremic Poisoning, by Brummel Jones...211
- Calomel—Its Physiologic Action and Therapy in Gastro-Intestinal Disorders, etc., by W. Blair Stewart.....55
- Clinical Notes on Psoriasis, etc., by L. D. Buckley.....420
- Creosote Carbonate and Guaiacol Carbonate, by Schering & Glatz...330
- Epidemic Influenza, W. S. Stowell.....460
- Favorable Results of Koch's Treatment in Tubercular Affections that Are Not Pulmonary, by Charles Denison.....211
- Gauze Dressings in Surgery, by Johnson & Johnson.....211
- Herniotomy—Osteotomy, by S. E. Millikin.....330
- Hyperthermy in a Man Up to 148 Degrees F., by A. Jacoby...460
- Imperforation of the Rectum, by George B. Johnson.....330
- Lectures on Appendicitis, by Robert T. Morris.....374
- Les Miseres De l'Enfance, par le Dr. John Lemoine.....317
- Medical Profession and the State—Alumni Oration, by Hon. Marriott Brosius.....55
- Medical Terminology, etc., by F. J. McCourt.....330
- Mentally Deficient Children, etc., by G. E. Shuttleworth.....329
- Movable Kidney, by G. B. Johnston.....330
- Official Management of Dangerous Communicable Diseases, by Philadelphia Board of Health...460
- Personal Service as the Especial Exponent of a Great Profession, by H. O. Marcy.....420
- Practical Diatetics, by W. G. Thompson.....358
- Sanitation in Street Pavement, by H. O. Marcy.....420
- Seventeenth Annual Report of the Illinois State Board of Health.....211
- Strabismus as a Symptom, Its Causes and Its Practical Management, by Leartus Connor...211
- Surgical Technique of Aseptic Wounds, by H. O. Marcy.....420
- Surgical Treatment of Laryngeal Tuberculosis, by J. W. Gleitsmann.....460
- The Liver as an Organ of Elimination of Corpuscular Elements, by Gustav Fritterer...211
- The Operative Treatment of Fistula in Ano, by Lewis H. Adler...330
- The Osteopathic Fad, by A. J. Steele.....330
- Transactions of the Medical Society of the State of Pennsylvania.....211
- Treatment of Laryngeal Tuberculosis, by Robert Levy.....330
- Treatment of Anal Fissure, etc., by Lewis H. Adler.....330
- Treatment of Scarlet Fever, by W. C. Hollopeter.....330

Book Reviews:

- How to Disinfect, by C. T. Kingzett.....472
- A Guide to the Aseptic Treatment of Wounds, by C. Schimmelbusch.....107
- American Academy of Railway Surgeons. Official Report, by R. H. Reed.....211
- Castration for Prostatic Hypertrophy, by Prof. Krenwell...252
- Exercise and Food for Pulmonary Invalids, by Chas. Denison.....210
- Hematoblasts and Blood Platelets, by M. L. Holbrook.....211
- History of Oratory, etc., by Prof. Sears.....460
- "International Medical Annual"...260
- Medical and Surgical Reports of the Boston City Hospital, by C. B. Shattuck et al.....211
- Pocket Materia Medica and Therapeutics, by Henri Leonard...210
- Practical Urinalysis and Urinary Diagnosis, by C. W. Purdy.....107
- Studio Etiologico Sulle Inferioni Delle Vie Urinaire, by Dottor Bastianelli.....253
- Syllabus of Eclectic Materia Medica and Therapeutics, etc. Compiled by H. W. Felter, from the Lectures of F. J. Locke...107
- Twentieth Century Practice: An International Encyclopedia of Modern Medical Science. Edited by Thos. L. Stedman...106. 392
- Transactions of the New York State Medical Association...107
- Tricinal: Its Range of Application, by Samuel Wolfe.....211
- Boudeau, F. A. A., Clinical Reports on Tricinal.....453
- Breech Presentation: Rupture of Child's Perineum, etc.....312
- Brightii, Morbus.....338
- Bubo, Treatment of.....278, 297
- Burns, How to Allay the Pain of...240
- Picric Acid for.....295
- Remedy for.....80
- Strong Carbolic Acid for...457
- Treatment of. With Thiol (Ed.).....10
- Calculi, Biliary, Diagnosis of, Confirmed by Exploratory Incision, J. A. Johnson.....362
- Calomel, a Note on.....352
- Cancer, Cinnamon for.....139
- Houses of.....233
- Injections of the Blood Serum of Animals Inoculated with the Streptococcus of Erysipelas for.....235
- Marsden's Paste for.....215
- Nature of.....91
- Operations for.....92, 150
- Parasite, the Search for a...71
- Cancerous Disease, Increase of...233
- Patients, Ptomaine in the Urine of.....20
- Carcinoma, Mammary...296
- Carey, Chas., Croupus Pneumonia...144
- Castration Under Cocaine Anesthesia.....19

Catarrh, Acute, Sulphanilic Acid in.	145
Gastric and Gastro-Intestinal	360
Chancre, Phagedenic, Treatment of.	95
Pseudo	339
Chancroids, Simple, Acetanilid in.	419
Chenery, E. Some Clinical Notes.	166
Chlorosis, Resulting from Tight Corsets.	335
Chloroform, Before Administering, Spray the Nose With Cocaine Solution.	419
During Sleep	193
Cholera-Asiatica, Automo-Pathological Changes in the Brain in.	499
Asiatic, Treatment of, Elmer Lee.	121
Cholecystectomy, Indications for.	320
Chololithiasis, Treatment of.	111
Cirrhosis, Biliary, in Children.	153
Claus, Dr., Trional in Neurasthenic Insomnia.	81
Cocaine, Recovery from a Large Dose of.	100
Columbia Chemical Co. vs. Dr. Hammond.	180
Coma Following Affections of the Meninges and Brain, Treatment of.	200
Diabetic	209
Consumtives, New Food for.	134
Bolivia for	140
Constipation, Chronic, Treatment of, Without Medicine.	312
Convulsions, Puerperal, Veratrum Viride in.	458
Cornea, Burns of the; Electric Light Explosion Causing Temporary Blindness, etc., L. W. Fox.	42
Corns, To Ease the Pain of.	77
Corrupt, Demoralized Lay Press (Ed.).	170
Coryza, Acute, in Nurslings.	151
Cough, Whooping, Internal use of Cocaine in.	175
Whooping; Its Great Fatality, etc.	232
Whooping, Vaccination in.	318
Cramp, Writers', Report of a Case of, Treated by Electricity.	212
Cranium, Trephining the, John Ashhurst, Jr.	62
Criminals, Irresponsible, etc.	220
Curette, Dangers of the.	37
Cycling Ladies, a Rational Dress for.	240
Cyclists, Precepts for.	391
Cystitis, Treatment of.	118, 424
Cystostomy, Suprapubic.	355
Cyst, Ovarian, Exploratory, Puncture of an Intra-Cystic Hemorrhage, etc.	48
Daland, Judson, Clinical Study of Three Cases of Spontaneous Hemophilia in Brothers.	201
Danois, Dr., Internal Antiseptic Medication.	425, 445
Death, Causes of Early, After Operations on the Internal Organs.	416
Sudden (Ed.).	10
Rates and Race.	440
of Large Cities.	336
Reality of Apparent.	34
Sudden, in Consequence of a Urethral Injection of Cocaine.	226
Under Chloroform (Ed.).	186

Diabetes.	237, 398
Alternating Treatment of.	93
Calf's Pancreas in Pancreatic.	237
Early Diagnosis of.	152
Diastase, Taka.	271
Dickens, Reminiscence of.	378
Diet, Variety in.	17
Digestion in Young Children.	12
Tryptic, and the Internal Secretion of the Spleen (Ed.).	409
Diphtheria, First Hundred Cases of, Treated With Serum in Moscow Children's Hospital.	393
in Paris.	106
Leucocytes in.	355
Serum Treatment of.	99
Disease, Abdominal, Physical Signs of.	260
Basedow's, Surgical Treatment of.	276
Cardiac, Treatment of.	357, 439
Foot and Mouth, Potassium Iodide for Immunizing Cattle Against.	39
Graves', Salicylate of Soda in.	20
Germ Theory of a Misconception.	503
Heart, the Best Treatment of.	120
Hepatic, Right Sided Edema in.	476
Infective Influence of Fever and Leucocytosis Upon the Course of.	199
Joint, Iodoform Injections in (Ed.).	106
Mental Symptoms Occurring in, Bodily.	417
Modern Theory of, Gastric (Ed.).	47
Prevention of (Ed.).	331
Relations Between Eye and Nose.	434
Septic Pelvic, Future Treatment of.	38
Spinal, With Paralysis of the Lower Limbs, etc.	280
Structural, the Beginning of.	139
Venereal, Conclusions on.	96
Dislocation of the Hip, Congenital.	415
Congenital, of the Patella, etc.	479
Displacements, Uterine, Present Treatment of.	58
Doctors' Bills.	79
Fees in France, How Collected.	217
Sued for Forty Thousand dollars (Ed.).	251
Dog, What Shall We Do with the?	59
Dressings, Dry (Ed.).	146
Drugs, How We Intend to Check Substitution of.	380
Dudley, A. P., Immediate Repair of Uterine Injury, etc.	129
Dulles, C. W., Fractures of the Skull.	141
Dunham, W. R., Operative Principles of Medical and Biological Science.	281, 301
The Germ Theory of Disease, a Misconception, etc.	503
Dysentery, Etiology of.	316
Tropical, Benzo-Naphthol in.	136
Dysmenorrhea, Membranous.	437
Dyspepsia.	439
Chloroform in.	358
Ear, Diseases of the, etc.	473

Ear, Purulent Diseases of the Middle, etc.....	474
Eclampsia, Fatal, etc.....	413
Editor, An Ambi-dextrous.....	419
Editor and the Reader, The, (Ed.).....	508
Editorial Partisanship (Ed.).....	470
Effusion and Absorption.....	234
Eldridge, C. S., Phenacetine.....	205
Electrical Shock, Recovery from Tremendous (Ed.).....	10
Severe.....	220
Electricity as a Death-Dealing Agent (Ed.).....	9
Electricity, Static.....	50, 87, 131, 171
Electro-Therapeutic, American Association, Annual Meeting.....	344
Interrupted Currents, Clinical Observations Upon the Effects of.....	374
Emmenagogue, Oxalic Acid as an.....	145
Emphysema, Subcutaneous, After Intubation.....	414
Empyema of the Frontal Sinus, Visual Troubles from.....	148
Endocarditis, Treatment of Acute Rheumatic.....	438
Endometritis (Ed.).....	146
Examination of Fifty Cases of.....	315
New Method to Treat, A.....	510
Enteritis, Acute Infantile, Treatment of.....	189
Enuresis, Nocturnal, a Single Expedient for Treatment.....	75, 151
Epilepsy, Borax in.....	396
Necessity of Continuous Treatment by Bromides in.....	190
Epispastic Remedies in Infectious Processes.....	315
Epistaxis, Aphorisms Regarding.....	238
Treatment of.....	299
Ergotism, Pathological Anatomy of.....	510
Erratum.....	299
Erysipelas, Abortive Treatment of.....	78
Honey for.....	318
Ichthyol in.....	476
Ether, Blood Alterations Under.....	280
Expired Air, Composition of; Its Effects Upon Animal Life.....	73
Exposition, the Cotton States.....	98
Exudations, Serous, and Simple Transudations, etc.....	234
Faradic Sedation in Acute Glandular Inflammation.....	410
"Fast".....	176
Favus, Treatment of.....	20
Feathers, Goose, on the Use of.....	394
Feeding, the Principles of.....	79
Ferratin.....	135
Ferunculosis, Treatment of.....	335
Fest, F. T. B., Rational Treatment of Pertussis.....	286
Fever, Adolescent.....	137
Enteric, in Infants.....	19
Hay, New Cure for.....	438
New Treatment for.....	318
Puerperal, Etiology of.....	356
Typhoid, in Children, Treatment of.....	189
Bacteriology of Phlebitis during.....	477
Ferce, Dysphagia in.....	476
Medicinal Treatment of, G. Blech.....	263
Oysters and.....	273
Fibroids, Hysterectomy for.....	231
Uterine.....	315
Fontanelle, the Movements of the.....	399
Food, Chewing Gum is Not a.....	80
Formol as a Disinfectant.....	136
Four Years Course (Ed.).....	68
Fox, S. W., Burns of the Cornea; Electric Light Explosion, Causing Temporary Blindness, etc.....	42
Fractures, Delayed Union in.....	197
Element of the Circulation in, an Abstract on Essay.....	35
of Condyle of Humerus, Excision of the Elbow—Joint for, etc., H. R. Wharton.....	83
of the Patella, Metallic Structures in.....	148
Skull, C. W. Dulles.....	141
Vertebrae, Seminectomy in.....	320
Simple or Complicated of the Fingers, etc.....	473
Treatment of (Ed.).....	105
Elbow—Joint, etc.....	228
Gall Duct, Treatment of Obstruction of the Common.....	310
Gallstone, Treatment of.....	360
Gangreen From Carbolic Acid.....	297
Gaston, J. McFadden, Pyemia and Septicemia in Their Surgical Aspects.....	321, 341
Gastric Remedy.....	350
Germ Theory of Disease, A Misconception, and Vagary, W. R. Dunham.....	503
Gestation, Ectopic, Faradic Current in.....	454
Germ Destroyer, Soda water as a.....	234
Glycosuria, Increase of.....	438
Gonorrhea, Abortive Treatment of.....	95
Furst on.....	336
In Women.....	448
Has, a Specific Microbe (Ed.).....	449
Protection of the Internal Organs in.....	175
Uterine.....	154
Gonorrheics, When May, Marry?.....	459
Goitre, Etiology of (Ed.).....	128
Thyroid Treatment of.....	152
Gout, Acute, Treatment of.....	14
Hematuria of.....	76
Grafting, Tendon.....	389
Grippe in the Puerperal Condition.....	17
Growing Pains.....	340
Grusdieff, S. S., Subcutaneous Injections of Aristol in the Treatment of Tuberculosis.....	401
Guaiacol as a Local Anesthetic.....	259
Externally Applied, Antipyretic Effects of.....	236
Some Applications of.....	500
Haemoglobinuria, Paroxysmal.....	152
Health, Board of, Illinois State, Resolutions.....	56
New York City.....	40
Department, Imperial German, Official Report From the.....	279
Heart, New Growth in the.....	15
Disease, Relation of Cycling to: a Summary of Points, B. W. Richardson.....	227
Heat Stroke, Quinine for.....	298
Helium, Further Contributions on.....	97
Hemoptysis, Chloral Hydrate in.....	59
Hemophilia, Spontaneous, a Clinical Study of Three Cases of, in Brothers, Judson Daland.....	201
Hemorrhage, Post, Parturition.....	469
Hemorrhoids, Iodoformized Ether, etc., for.....	14
Bleeding.....	477
Treatment of.....	229

- Herbivorous, Warning to the.....158
 Hernia, Abdominal, Radical Cure
 of, E. Kummer.....406, 426
 Examination of 10,000 Cases, 454
 Incarcerated; Its Reduction
 by Rectal Taxis.....119
 Radical Cure of.....118
 Umbilical, Radical Cure of.....130
 Herniotomy, Intestinal Hemorrhage
 After.....177
 Hip, Congenital Dislocation of the
 New Treatment for.....140
 Horse Meat Test.....140
 Horwitz, Orville, Rupture of the
 Urethra With Extensive Extravas-
 ation of Urine, Successful Treat-
 ment by Perineal Section and Ret-
 rograde Catheterization.....64
 Hospitals, New York Legislature Ap-
 propriates Abundant Funds for
 More.....170
 How About the Little Fishes? (Ed.)...84
 Hydrocele, Radical Treatment of,
 etc.,.....456
 Treatment of (Ed.),.....47
 Hygiene of the Nursery.....400
 Hymenodictionin.....409
 Hymenodyction, Alkaloid of.....314
 Hyperemesis Gravidarum, etc.....397
 Hysterectomy, Abdominal, a New
 Method of.....36
 Vaginal, History of.....91
 Hysteria, Castration for.....150
 Icterus, Due to Retention, Treatment
 of.....191
 Idiocy, Influence of Heredity on, M.
 W. Barr.....181
 Iliac—Ovarian Ligament.....148
 Inebriety Among Children.....217
 Premeditation in.....101
 Inflammation, Acute Glandular, Far-
 adic Sedation in.....410
 Local, Faradic Electricity in.....332
 Infancy, Starchy Foods in.....57
 Infanticide, Medico Legal, in Regard
 to.....78
 Infants, Mortality, To Reduce, of.....54
 Over-feeding of.....219
 Still-born, Resuscitation of,
 160, 437
 Injections, Subcutaneous, of Antipy-
 rin as an Anti-Neuralgic, etc.....335
 of Camphor.....414
 Intravenous, of Mercuric Chlo-
 ride (Ed.).....268
 of Mercury.....236
 Sublimate.....14, 97
 Insanity, Medical Jurisprudence of,
 E. C. Mann.....241
 Intestine Torn Away, Thirteen Feet
 of.....457
 Intestinal Canal Antiseptics.....178
 Occlusion, Post-Operative, Af-
 ter Laparotomy.....378
 Jaundice, Treatment of.....108
 Johnston, J. A., Diagnosis of Biliary
 Calculi, Confirmed by Exploratory
 Incision.....362
 Knee-Joint, Loose Castilage in, H. R.
 Wharton.....84
 Keen, W. W., Extensive Thoracop-
 lasy by Schede's Method.....103
 Kidney, Atrophy of the Right; Com-
 pensatory Hypertrophy of the Left
 Kidney.....299
 King's Fountain Syringe—Correc-
 tion.....99
 Kissing the Bible.....439
 Kummer, E., Radical Cure of Ab-
 dominal Hernia.....406, 426
 Labor, Missed.....458
 Rigidity of the Parturient
 Cervix and Local Anes-
 thesia in, T. H. Weagly...261
 Twin, Placenta Previa Cen-
 tralis.....313
 Lee, Elmer, Treatment of Asiatic
 Cholera.....121
 Leeches, Application of.....95
 Leucorrhea in Young Married Wo-
 men.....358
 Lewis, Louis, Turkish Bath.....248
 Longevity, Heredity in.....439
 Lomonhe, Sehlen on.....336
 Looking Ahead (Ed.).....307
 Losophan, W. F. Waugh.....28
 Lupus, Creosote in.....435
 Radical Treatment of.....96
 Malarial Cachexia, Anemic Patients
 Who Have.....240
 Parasite, There Is No.....459
 Malignant Growths, Action of Ery-
 sipelas Serum on.....310
 Maternal—Impression Theory.....398
 Manley, Thos. H., Clinical Notes on
 a Recent Series of Surgical
 Cases.....121
 Practical Study of the Blood
 and the Circulation, With
 a Historical Review of the
 Subject, etc., 221, 246, 266,
 287, 305, 324, 345, 364,
 382, 405, 421, 447, 461,
 486.....501
 Mann E. C., New and Important
 Plan of Treatment for Narcotic
 Habitués.....41
 Some Points Relating to the
 Medical Jurisprudence of In-
 sanity.....241
 Martin, Christopher, When and How
 to Curette the Uterus...161
 Mays, Thos. J., Local Application of
 Cold in Acute Pneumonia.....441
 Medical Association, Mississippi Val-
 ley.....115
 Colleges, Fake.....439
 Reopening of the (Ed.).....250
 Excursion to Bermuda.....419
 Journals in Italy, Their Sum-
 mary Method of Collecting
 Delinquent Subscriptions..419
 Law, New, for Delaware..57
 Men, Pensions to.....380
 Practice, Efficient Legislation
 Regulating, P. H. Millard,
 Society, Cleveland, Report,
 326, 488
 Medicine and Cricket (Ed.).....32
 As a Profession in England.308
 Clinical vs. Bacillary Pathol-
 ogy.....419
 Medico-Legal Congress.....116, 207
 Meningitis, Cerebro-Spinal, Epidemic.400
 Hot Baths in.....190
 In an Infant (Ed.).....129
 Surgical Treatment of.....295
 Menstruation and Ovulation Inde-
 pendent.....397
 in Hot Countries.....437
 Nerve Theory of...249
 Menthol, Against Catarrh and In-
 fluenza.....509
 Metrorrhagia, Permanent Effect of
 Hydrastinin in.....15
 Microbe, Beneficent.....216
 Fiend (Pcem).....80

Microbic Fad (Poem)	232	Preventive and Curative Treatment of	334
Pathology	100	Ovariectomy, Effect of, Upon the Voice	113
Midwifery In England	220	Eighty-Eight Quarts of Fluid; Recovery	257
Milk, Borax as an Aid to the Digestion of	414	Unusual and Remote Sequela of	214
Sterilized, Digestibility of	111, 219	Ovary, Edema and Apoplexy of, From Torsion	314
Millard, P. H., Efficient Legislation Regulating Medical Practice	525	Endothelioma of the	173
Miscarriage, Treatment of Retained Products of Conception with Hemorrhage in Cases of	214	Hydatid Cyst of the	415
Modern Specialties and the General Practitioner (Ed.)	471	Oxyurus Vermicularis in Children	352
Mole, Hydatiform, and Malignant Decidoma	399	Pancreatic Secretion, Acids as Stimulants to the	476
Morphine, Excretions by the Salivary Glands	60	Paralysis in Children, Painful Temporary	188
Murphy's Button	259	Paresis From Syphilis and Alcohol	217
My Stars (Poem)	480	Parturition	336
Narcotic Habitués, New and Important Plan of Treatment for, E. C. Mann	41	Pasteur, Prof. Louis (Ed.)	291
Nasal Cavities, Novel Method for Major Operations Within the, Carl Seiler	381	Pavement, Wood, Hygienic Aspect of the	218
Septum, Cork Splints for Deflection of the	417	Pediatrics, Archives of	419
Electrolysis in	292	Pericardial Effusions, Puncture or Incision for?	455
Reduction of the Spurd of the; Electrolysis by a Current Controller for the	253	Peritonitis, Acute, the Microbiology of	191
Nausea From the Use of Anesthetics, Prevention of	193	Tuberculous, Influence of Laparotomy on	230
Neilson, Thos. R., Report of a Case of Osteolipo Chondroma—Resection of the Humerus—Exhibition of Patient	61	Permanganate of Lime	137
Nephropexy by Tendon	160	Pertussis, Rational Treatment of, F. T. B. Fest	286
Neuralgia of the Trifacial Nerve: Treatment by Stretching Rather Than Resection	319	Phenacetine, C. S. Eldridge	205
of the Posterior Root of the Eighth Cervical Nerve, etc. 149		Philada. Institutions, Appropriations for	138
Trigeminal, Rose's Operation for	177	Phlegmiasia Dolens	196
Nerve, Radial, Late Suture of, etc. 478		Phthisis, Antipyretics in	59
Nocturnal Incontinence of Urine in Children	94	Creosote Carb and Guaiacol Carb in	109
Nose-Bleed, Treatment of Severe	229	Frictions of Creolin in	59
Nursing Bottles, New Method of Sealing	335	Ichthyol in	57, 176
Nutrient, New Meat	347	Nutrition in	35
Obituary: Bardeleben, H. A. V.	374	Pulmonalis, Treatment of, With Ichthyol	277
Garretson, Prof. Jas. E.	373	Vomiting in	59
Obstetric Forceps With Narrowing Adjustable Blades, J. M. White	263	Physician, Assault on a	219
Obstruction, Antivivisectionist	55	In Russia, New Laws of Interest to	393
Onions, Effect of, on Healthy Persons	292	The Work and the Pay of	16
Oophorectomy, Vaginal	154	Physiology and Music	271
Operation, Alexander's, Permanent Results After	173	Piptocalyx Moorel	157
Operative Principles of Medical and Biological Science, W. R. Dunham	281	Placental Circulation and Morphomania	399
Ophthalmia Neonatorum	258	Placenta Previa, in Breslau, Many Cases of	437
Opium and Alcohol Habitués, Treatment of	46	Plants, How Do, Obtain Their Nitrogen?	117
Orchitis, Guaiacol in the Treatment of	156	Pneumonia, Acute, Local Application of Cold in, Thos. J. Mays	441
Ossification, the Chemical Phenomena of	188	Death in	216
Osteolipo-Chondroma of the Upper End of the Humerus—Resection of Humerus—Exhibition of Patient, Thos. R. Neilson	61	Cold Baths in	158
Osteomyelitis Bipolar, of the Tibia (Ed.)	86	Croupous, Chas. Cary	144
Otitis Occurring in Typhoid Fever,		Digitalis Treatment With	200, 257, 499, 509
		Poisoning, Europhen in Rhus (Ed.)	87
		Of a Child by a Carbolic Acid Dressing After Circumcision	278
		Treatment in Cases of	176
		Poison Ivy, Antidote for	379
		Snake, Mineral Lethal Dose of	315
		Pratt, E. B., Therapeutics	125
		Pregnancy, Heart Failure in	435
		in the Early Months, etc.	355
		Not to be Given in	357
		Vomiting in	20, 78
		With Unruptured Hymen	278

Pregnant Women, Condition of the	
Patellar Reflex in	153
Prescriptions for Chancre, Chordee,	
Conjunctivitis, etc	480
Acne of the Face	351
Anesthesia, Local	340
Asthma	192
Burns	300
Catarrh, Acute	510
Chancre and Chancroids,	
Eleven for	120
Chordee	300
Cocaine, Permanent Solution	340
Coryza	160, 340
Cystitis, Gonorrheal	29
Diabetes	300
Diabetics, Dry Tongue in	29
Diphtheria, Ophthalmic	336
Eczema of Vagina	29
Eleven, for Chancre and	
Chancroid	120
Epididymitis, etc	353
Fever, Typhoid	300
Flatulence	39
Gastritis of Drinkers	335
Gonorrhea	300
Incontinence of Urine	300
Indigestion, Infantile	300
Losophan for Favus	340
Migraine	160
Nephritis, Scarlatinal, etc	160
Pityriasis Versicolor	160
Pleural Effusions, Absorption	
of	160
Pregnancy, Vomiting in	29
Rachitis	29
Rheumatism, Various Forms	
of Articular	300
Gonsilar Hypertrophy	510
Tricophytosis	300
Warts	160
Prize, Award of the "Jenks" Memo-	
rial	168
Samuel D. Gross' at Philada.	
Academy of Surgery	379
Professional Loyalty (Ed.)	168
Prostate, Enlarged	308
Cocaine Injection for	80
Tuberculosis of the; Its Diag-	
nosis and Treatment	239
Prostatic Hypertrophy, Castration	
for	174
Excision of the Vas Deferens	
for	118
Prostitution, Prophylaxis of (Ed.)	432
Pulmonary Cavities, Surgical Treat-	
ment of	90
Embolus, etc	476
Pulse in Clinical Surgery	229
Pyemia and Septicemia in Their	
Surgical Aspects, J. McFadden	
Gaston	321
Pyobacterium Fisher	351
Read This	186
Rectal Resection in the Female, Vag-	
inal Method	92
Rectum and the Specialist (Ed.)	493
Is the Total Extirpation of	
the, Ever Justifiable?	179
Prolapsus of the, Galvanism	
in the Treatment of	77
Syphilitic Strictures of the	149
Total Extirpation of the	194
Reorganization of the City Hospitals	
of New York (Ed.)	372
Report, Annual, of the Supervising	
Surgeon General of the Marine	
Hospital Service of the United	
States for the Fiscal Year 1893	108

Retina, Electrolysis in the Detach-	
ment of the	52
Rheumatism (Ed.)	450
Following Serotherapy	270
Gonorrheal, Turpentine Baths	
in, etc	14
Salicylic Acid Externally in	159
Richardson on "Electrical Reproduc-	
tion of Forms" (Ed.)	348
Roux, Dr., Honors for	137
Salicylate of Soda, Some Uses of	39
Salophen, a Therapeutical Study of	167
Sarcoma of the Kidney in Children	92
Scalp With a Head of Hair Furnish-	
ed by Surgery to a Scalped Woman	238
School Boy's Meals (Ed.)	32
Scientific Housewife (Poem)	40
Seiler, Carl, Novel Method for Major	
Operations Within the Nasal Cav-	
ities	381
Serum Treatment	440
Sexual Appetite, Effect of Removal	
of the Ovaries on the	220
Debility, Causes of	46
Sexuels, Pervertis et Invertis	316
Sigmoid, the	195
Flexure, Laparotomy for a	
Great Number of Cherry	
Stones and Prune Stones in	319
Sleep, New Theory of	114
Snake-Bite, Treatment by Calcium	
Chloride	138
Society, Cincinnati Obstetrical	336, 385
Reports: Gynecological and	
Obstetrical, of Baltimore	429
Somatose Biscuits	99
Some Clinical Notes, E. Chenery	166
Sores, Soft, in Females, Treatment	
of	199
Spastic Rigidity	53
Spleens, Multiple	54
Sprains	230
and Their Appropriate Treat-	
ment (Ed.)	408
Starvation	357
Stings of Insects	77
Stomach, Diagnosis of Affections of	
the	33
Dilatation of the, Treatment	
of	156
Surgery of the	377
Stomatitis From Mercury, Treatment	
of	296
Stone in Bladder of a Girl of Five	319
Sulphonal, Trional, and Tetronal	311
Surgical Amphitheatre, a New, in	
Philadelphia (Ed.)	251
Cases, Clinical Notes on a Re-	
cent Series of, Thos. H.	
Manley	1, 21
Operations, Limitations of	
(Ed.)	67
Surgery, Cocaine in	280
Philadelphia Academy of	70
Syphilis, Antitoxin for	459
Cerebral, Treatment of	18
of the Nervous System, and	
Other Diseases, the Thera-	
peutic Application of Zit-	
man's Decoctions in	498
Condylomatous, Treatment of	337
Tampons, Vaginal	215
Tannigen, an Acetic-Acid Combina-	
tion of Tannin, E. W. Bing	225
Tape-Worm, New Treatment for	399
Tea, Action of, on the Digestive Or-	
gans (Ed.)	390
Tetanus, Antitoxin in	38

- Hypodermic Injections of
 Carbolic Acid in.....136
 Puerperal313
 Therapeutics155
 E. B. Pratt125
 Action of Chloroform in Par-
 turition37
 of High Frequency Currents. 11
 Hints159
 Therapy, Organo49
 Serum, Antivenin, the Latest
 Contribution to53
 Thoracoplasty, Extensive, by Schede's
 Method, W. W. Keen103
 Thyroid Extract, New Use for.....397
 Feeding20
 Gland, on the Changes of the,
 in Acute Diseases.....435
 Physiology and Medication of
 the69
 Thyroidea, Effect of, on Animal Or-
 ganisms436
 Tic Douloureux359
 Transverse Positions of the Head at
 the Outlet of the Pelvis.....112
 Trephine for Brain Tumor, When
 Not to.....70
 Trional in Intermit Diseases.....136
 as a Hypnotic in Chil-
 dren,147, 270
 in Neurasthenic Insomnia,
 Dr. Claus.....81
 Points Regarding.....259, 481
 Clinical Reports on, F. A. A.
 Boudeau463
 Tuberculosis and the Library.....317
 Bone (Ed.)86
 Disappearance of the Perito-
 neum, After Oophorectomy 457
 In Prussia, Decrease of (Ed.) 10
 Joint192
 Treatment of194
 Pulmonary, Creosote in.....356
 Subcutaneous Injections of
 Aristol in the Treatment of,
 S. S. Grusdieff.....401
 Treatment of339
 Tumors from Parenchymatous Or-
 gans, Use of Steam in Removing. 19
 Malignant, Curative Action
 of Toxines in.....353
 Toxines of the Streptococ-
 cus of Erysipelas in the
 Treatment of.....93
 Turkish Bath, Louis Lewis.....248
 Twin Bearing, Heredity of458
 Ulcer, Gastric, Scraping and Dila-
 tion of the Pylorus for.....157
 Perforation of, etc.....479
 Perforating Typhoid; Periton-
 itis, Operation, etc.....297
 Ulceration, Gastric, Treatment of.138
 Union by First Intention in Nerves.356
 Urethra, Rupture of the, With Exten-
 sive Extravasation of Urine, Suc-
 cessful Treatment by Perineal
 Section and Retrograde Catheteri-
 zation, Orville Horwitz.....64
 Urethritis Blenorrrhea, Mibilli on.....336
 Uric Acid Diathesis (Ed.).....268
 Piperazin in.....357
 "Uricacidemia"357
 Uricedin140
 Urine, Quick Filtration of.....418
 Suppression, After Surgical
 Operation, etc.....239
 Uterine Disease, Cure of, by Vibra-
 tions213
 Injury Following Labor, Im-
 mediate Repair of, A. P.
 Dudley29
 Mucous Membrane, Reproduc-
 tion of, After Curetting.....153
 Uterus, Cause of Entire Absence of.....352
 Cancer of the, Salicylic Acid
 Injections in.....49
 Retro-Displacement of the.....111
 Contribution to the Tubercu-
 lar Disease of the.....112
 When and How to Curette
 the, C. Martin.....161
 Urticaria, Treatment of Itching in.....311
 Vaccination, the Complications of
 (Ed.)147
 Varicose Veins459
 Varix of the Leg, Trendelenburg's
 Operation36
 Vas Deferens, Suture of the.....414
 Vascular Weakness, Heredity in.....460
 Vesiculitis, Chronic Seminal.....231
 Vin Mariani as a Substitute for Iron,
 Nux Vomica, Phosphorus, etc.....330
 Vomiting After Chloroform, Vinegar
 for the Arrest of.....415
 Water, Sterilization of, by Chemi-
 cals315
 Waugh, W. F., Losophan.....28
 Weagly, T. H., Rigidity of the Par-
 turient Ceroix and Local Anesthe-
 sia in Labor.....261
 Weather, Hot, Fatal Effects of.....220
 Wharton, H. R., Excision of the El-
 bow Joint for Fracture of the
 Humerus, etc.....83
 Loose Cartilage in Knee
 Joint84
 White, J. M., Obstetric Forceps With
 Narrowing, Adjustable Blades.....263
 Whooping Cough, Open Air Treat-
 ment of.....96
 Wine Drinking, Danger of.....218
 Wounds of the Vulva From Falling
 Astride154
 Multiple, of the Intestine and
 the Gravid Uterus, etc.....416
 Wry Neck, Operative Treatment of.131



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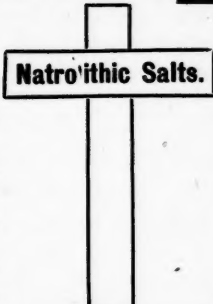
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INDEX.

ORIGINAL ARTICLES:

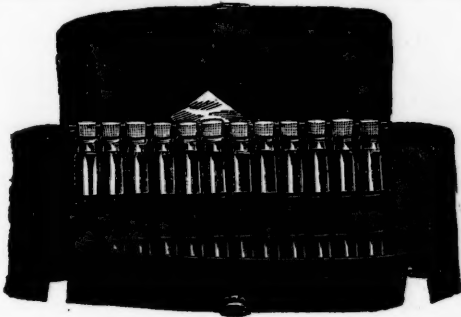
PAGE

- A Practical Study of the Blood and the Circulation, With a Historical Review of the Subject and Its Brief Consideration From the Standpoint of Its Chemical Composition, Anatomical Structure, and Physiology; Including Clinical Studies, and Experimental Research on the Lower Animal. By Thomas H. Manley, M. D. 501
- The Germ Theory of Disease a Misconception and Vagary, By W. R. Dunham, M.D., Keene, N. H. 508
- EDITORIALS:
The Editor and the Reader. 508

FROM FOREIGN EXCHANGES:

- Anti-Spasm—A New Remedy against Whooping Cough 509
- Menthol against Catarrh and Influenza 509
- Treatment of Pneumonia with Digitalis 509
- A New Method to Treat Endometritis 510
- Pathological Anatomy of Ergotism 510
- List of Contributors of Foreign Articles 512
- General Index 513

MISCELLANY :iv, xii



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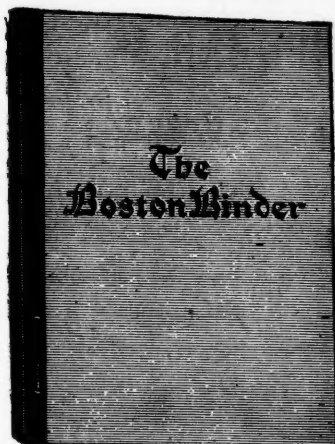
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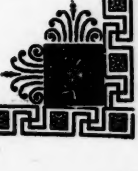
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